

**Social Security** 

Number

**Purchaser Name** 

Committee Members

James E. Sulton, Jr., Chair

Correspondence
P.O. Box 43450
Olympia, WA 98504-3450
1-877-438-8848
fax (360) 704-6200

www.get.wa.gov

#### Applications & Payments

Guaranteed Education Tuition

**Purchasers Mailing Address** 

P.O. Box 84824

**Purchasers Phone** 

Number

Seattle, WA 98124-6124

# **Refund Request Certification**

**GET Account** 

Number (s)

You should review the CANCELLATION AND REFUND policy and FAQ's for the category and criteria on which you are basing your request and include supporting documentation if required. The program reserves the right to require additional documentation. Statement of Request for Cancellation and Refund I hereby request a refund of \_\_\_\_\_ GET tuition units based on the following criteria: Review the Cancellation ad Refund Policy and FAQ's for a full description of each criteria. ☐ Death of Beneficiary include copy of death certificate ☐ Within 3-days see policy for criteria Disability of Beneficiary include copy of medical documentation ☐ Within 6-months see policy for criteria ☐ Scholarship include copy of scholarship award Less than \$500 see policy for criteria ☐ Graduation/Program Completion include copy of certificate/diploma Non-Attendance: "I certify the beneficiary is 18 years of age or older, and will not be attending an institution of higher education". Other Exceptional Circumstances: Please provide a brief statement explaining your request to cancel and refund your GET account. Be sure to review the Cancellation and Refund Policy and FAQ's for detailed information and include any documentation if required. ☐ This box must be checked if your request for refund requires a cancellation of an <u>automatic bank withdraw (ACH)</u> or Payroll Deduction. Checking this box does not guarantee the ACH or Payroll Deduction will be cancelled in time for the next scheduled monthly withdraw. To ensure proper timing, please contact Customer Service at 800-955-2318 for more information and consult your bank policy or payroll office. I declare / certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Purchaser Signature: Date\_\_\_\_ State of Washington County of I certify that I know or have satisfactory evidence that is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. Signature \_\_\_\_\_ Date (Seal or Stamp)

Michael J. Murphy

My appointment expires:

Marty Brown



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# CANCELLATION AND REFUND POLICY

**Updated July 2004** 

### **General Information**

- All refunds will be made according to Washington State statute (RCW 28B.95.110) and will follow the Internal Revenue Service (IRS) §529 rules. See the Master Agreement for more information.
- Units must be held in a GET account, for a minimum of two calendar years, determined from the date on which the GET Program receives the enrollment form, the enrollment fee, and the initial payment. Exceptions to the two-year wait may include cancellation and refund due to death or disability of the beneficiary, incorrect or misleading information, or as approved by the Program Director as other exceptional circumstances.
- Enrollment Fee The \$50 enrollment fee is non-refundable with the exception of accounts cancelled within 3-working days.
- **Program Penalty** The GET Program may assess a penalty when funds are removed for purposes other than qualified higher education expenses. The program penalty fee is either 10% of the increased value of the units held at the time of the refund, or \$100, whichever is greater.
- Program Fees A cancellation fee and an administrative processing fee may be assessed. All outstanding fees will be deducted from the refund amount.
- IRS Penalty Non-qualified withdrawals may be subject to additional taxes and/or penalties by the IRS. Generally, the earnings portion of the distribution is taxed as ordinary income and is subject to a federally mandated 10% penalty tax. Please consult with your tax advisor before requesting a refund to determine any federal income tax ramifications.
- **Refund Value** —Refunds are made at the current GET unit value for all refunds except non-attendance. Non-attendance refunds are valued at the weighted average tuition.

### **Decision Appeal Process**

If the GET Program Director denies a refund request, the purchaser may submit a letter to the Director within ten days after notification, asking for reconsideration. If the Director denies reconsideration, the purchaser may submit a letter to the GET Committee Chair within ten days after notification, asking for reconsideration. The GET Committee would then hold a brief adjudicative proceeding during its next scheduled meeting and a final determination would be made.

## **Refund Process**

- Only the purchaser may request a refund by completing a REFUND CERTIFICATION FORM and including any supporting documents as required. The REFUND CERTIFICATION FORM must be notarized and returned to the following address: GET Director, P.O. Box 43450, Olympia, WA 98504-3450.
- At the time a refund certification form is received, the account will be reviewed to determine if the request meets all the requirements. The refund check will be mailed to the purchaser of the account within 2-8 weeks after the refund request has been approved, or as stated by the statute and outlined in this policy.
- Refund checks are made payable to the purchaser unless the purchaser specifies in writing that the refund check should be made payable to the student.

Committee Members